

SENATE BILL REPORT

SB 6684

As of February 5, 2008

Title: An act relating to language access services in health care.

Brief Description: Requiring language access services for persons with limited English proficiency in health care and insurance matters.

Sponsors: Senators Shin, Berkey, Regala, Kohl-Welles and McAuliffe.

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Brief History:

Committee Activity: Health & Long-Term Care: 2/06/08.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Mich'l Needham (786-7442)

Background: Estimates from the 2006 Washington State Population Survey show over 300,000 Washington state residents indicated English is not the primary language for their household. Estimates from the U.S. Census Bureau's 2006 American Community Survey indicate approximately 16.6 percent of Washington residents speak a language other than English as the primary language in the home.

Title VI of the Civil Rights Act of 1964, and subsequent Executive Order 13166, require federally conducted and federally funded programs ensure persons with limited English proficiency have meaningful access to services. The Washington state medical assistance programs and the State Children's Health Insurance Program (SCHIP) provided through the Department of Social and Health Services (DSHS) reimburse health care providers for interpreter services for their enrollees.

Summary of Bill: The Office of Insurance Commissioner (OIC) must conduct a study of language access problems encountered by consumers who purchase health insurance. The study must include analysis of the health care problems encountered by consumers with limited English proficiency; barriers to understanding insurance, costs and dispute resolution; the feasibility of requiring health care insurers to provide translation and communication assistance; and the feasibility of OIC offering interpretation and translation services for consumer advice and dispute resolution assistance. The recommendations are due January 1, 2009.

Beginning January 1, 2010, insurance carriers, the Public Employees Benefits Board plans, and the Basic Health program are required to provide translation and language access services

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to enrollees with limited English proficiency. Language access services must be available for clinical and non-clinical services, and must be provided with no additional charge to the enrollee. Interpretation and translation services must be provided by those certified or authorized in medical interpretation through the language testing and certification program administered through the Department of Social and Health Services, or by those who are proficient in the patient's primary language and have 40 or more hours of training in interpreting skills and medical terminology.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.